

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Before the Board of Patent Appeals and Interferences**

Applicants : Joanne R. Bonnell  
Serial No. : 10/614,649  
Filed : July 7, 2003  
For : HEALTHCARE CASH MANAGEMENT ACCOUNTING SYSTEM  
Examiner : James A. Kramer  
Art Unit : 3627

**APPEAL BRIEF**

May It Please The Honorable Board:

Appellants appeal the Final Rejection, dated October 24, 2006, of Claims 1 and 3 - 30 of the above-identified application. The fee of five hundred dollars (\$500.00) for filing this Brief and any associated extension fee is to be charged to Deposit Account No. 19-2179. Enclosed is a single copy of this Brief.

Please charge any additional fee or credit any overpayment to the above-identified Deposit Account.

Appellants do not request an oral hearing.

### **I. REAL PARTY IN INTEREST**

The real party in interest of Application Serial No. 10/614,649 is the Assignee of record:

Siemens Medical Solutions Health Services Corporation  
51 Valley Stream Parkway  
Malvern, PA 19355-1406

### **II. RELATED APPEALS AND INTERFERENCES**

There are currently, and have been, no related Appeals or Interferences regarding Application Serial No. 10/614,649.

### **III. STATUS OF THE CLAIMS**

Claims 1 and 3-30 are rejected and the rejection of claims 1 and 3-30 are appealed.

### **IV. STATUS OF AMENDMENTS**

No amendments to the claims were made after Final Rejection and the claims being appealed are included in Appendix I.

### **V. SUMMARY OF CLAIMED SUBJECT MATTER**

Independent claim 1 recites an automatic cash accounting system for use in a healthcare enterprise. The accounting system comprises a message processor for receiving message data including a first income amount value (page 4, lines 12-13; Fig. 1, 10). The first income amount value represents cash income received during a first time period (page 10, lines 5-8; Fig. 2, 203). The message processor further comprises an associated first income source identifier and a patient identifier (page 10, lines 5-8; Fig. 2, 203). The first income source identifier identifies one of a plurality of departments internal to the healthcare enterprise providing the associated first income amount value (page 3, lines 30-

31; Fig. 1, 102, 113). The patient identifier identifies one of a plurality of patients (page 9, lines 1-2; Fig 2, 202). The automatic cash accounting system further comprises a data processor which processes the received message data for identifying an income account associated with one of the departments based on the first income source identifier (page 10, lines 5-10; Fig. 2, 203). The data processor also processes the received message data for updating the identified income account with the first income amount value to indicate the first income amount value received by the identified income account during the first time period (page 10, lines 11-14; Fig. 2, 204). The received message data is also processed for identifying a patient account associated with the one of a plurality of patients based on the patient identifier, and for updating the patient account with the first income amount value to indicate the first income amount received by the patient account during the first time period (page 10, lines 11-14; Fig. 2, 204). The received message data is additionally processed for collating and combining data from at least one of a plurality of income accounts and a plurality of patient accounts to provide at least one of a first income amount total value and a second income total value, respectively, representing combined cash income for the departments and the patients, respectively, during the first time period (page 10, lines 15-19; Fig. 2, 205).

Independent claim 15 recites a method of automatic cash accounting for use in a healthcare enterprise. The method first comprises receiving, via a message processor, a plurality of individual cash transactions performed during a first time period and associated with a hospital department (page 9, lines 3-7; Fig. 1, 10; Fig. 2, 201). An individual message includes a transaction income amount total value and an associated first source identifier identifying one of a plurality of departments internal to the hospital providing the associated transaction income amount value (page 9, lines 12-17; Fig. 2, 202). The method further comprises processing, via a data processor, the received plurality of messages (page

10, lines 5-10; Fig. 2, 203). The data processor identifies an income account associated with one of the departments based on the first income source identifier (page 9, lines 24-28; Fig. 2, 203). The data processor updates the identified income account to indicate the transaction income amount total value received during the first period. (page 9, lines 24-28; Fig. 2, 203). The data processor also identifies an income account associated with the patient based on the patient identifier, and updates the identified patient income account to reflect the medical insurance reimbursement income amount value received (page 10, lines 11-14 and lines 26-31; Fig. 2, 204). The data processor accumulates a plurality of individual cash transaction income amount total values for transactions performed during the first time period for the hospital department to provide a cumulative total value for the first time period (page 9, lines 14-17). The data processor collates and combines cumulative total values associated with a corresponding plurality of departments to provide a first income amount total value representing combined cash income for the departments during the first time period (page 10, lines 15-19; Fig. 2, 205). The data processor creates a financial statement record using the combined cash income total value for the departments during the first time period and data derived from the patient income amount (page 10, lines 15-19; Fig. 2, 205).

Independent claim 17 recites a method of cash accounting for use in a hospital. The method comprises via a message processor, receiving first message data including a first income amount total value determining income received during a first time period and an associated first source identifier (page 4, lines 12-13, page 10, lines 5-8; Fig. 1, 10; Fig. 2, 203). The first source identifier identifies one of a plurality of departments internal to the hospital providing the associated first income amount total value (page 3, lines 30-31; Fig. 1, 102, 106, 113). The message processor further receives second message data including a second income amount total value determining income received during the first time period

and an associated second source identifier (page 3, lines 30-31; Fig.1, 102, 106, 108). The second source identifier identifying one of a plurality of organizations external to the hospital providing the associated second income amount total value (page 6, lines 12-14, 18-30; Fig. 1, 102, 108). The second message data identifies medical insurance reimbursement income amounts for multiple patients (page 10, lines 26-29). The method also comprises the activity of collating and combining, via a data processor, a plurality of first income amount total values from a corresponding plurality of departments to provide a first income amount cumulative total value representing combined cash income for the departments for the first time period (page 10, lines 15-19; Fig. 2, 205). The activity further collates and combines a plurality of second income amount total values from a corresponding plurality of organizations to provide a second income amount cumulative total value representing combined cash income from the organizations for the first time period (page 10, lines 15-19; Fig. 2, 205). The method also comprises creating a financial statement record using the cumulative total value representing combined cash income for the departments and the second income amount cumulative total value for the first time period (page 10, lines 15-19; Fig. 2, 205).

Independent claim 26 recites a method for an automatic cash accounting system for use in a healthcare enterprise. The method comprises the activity of receiving, via a message processor, message data including a first income amount total value determining income received during a first time period and an associated first source identifier (page 4, lines 12-13, page 10, lines 5-8; Fig. 1, 10; Fig. 2, 203). The first source identifier identifies one of a plurality of departments internal to the hospital providing the associated first income amount total value (page 4, lines 12-13; page 10, lines 5-8; Fig. 2, 203). The message data also indicates a plurality of individual cash transactions performed during the first time period and associated with multiple patients (page 9, lines 3-5; Fig. 1, 102, 106; Fig. 2, 202). An

individual message data item includes a transaction income amount value and an associated transaction income source identifier (page 9, lines 5-7; Fig.2, 202). The transaction income source identifier identifies one of a plurality of patients providing the associated transaction income amount value (page 9, lines 1-5, page 10, lines 11-14; Fig 2, 204). The method further comprises identifying, via a data processor, an income account associated with one of the patients based on the transaction income source identifier, and for updating the identified income account to indicate the transaction income amount value received by the identified income account during the first time period (page 10, lines 11-14 and lines 26-31; Fig. 2, 204). A financial statement record is created using the hospital department first income amount total value and the transaction income amount value for the first time period (page 10, lines 15-19; Fig. 2, 205).

#### **VI. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL**

Claims 1 and 3-30 are rejected under 35 U.S.C. 102(a) as being unpatentable over Millary et al. in view of Barber et al. (U.S. Pub. No. 2002/0057269).

#### **VII. ARGUMENT**

Applicant respectfully submits that the Millary reference does not pre-date the present claimed invention and therefore, cannot properly be used as prior art to against the present claimed invention. Specifically, the claimed invention was conceived on November 18, 2002 which is prior to the effective date of the Millary reference and, after diligent efforts, the claimed invention was constructively reduced to practice in a U.S. Provisional Patent Application filed on December 12, 2002 and assigned Serial No. 60/432,765. Thus, the present claimed invention pre-dates Millary and is not unpatentable in view of Millary.

### Overview of the Cited References

Millary describes the collection by credit/debit card payment of customer co-pay and self-pay charges via an integrated point-of-service transaction management system and method. The system and method may assist health care facilities in the collection of co-pay and self-pay charges at the time service is rendered. (see Abstract).

Barber describes, given an identified set and its constituent subsets, identifying which subsets, and their constituent subsets, have been selected or excluded from the given set and the manner of such selection or exclusion. Using a computer system with a graphical display, Barber provides a "treelike" graphical representation of a set of elements and provides a means for identifying which of the elements have been selected from the set and also the manner in which elements were selected or excluded. (see Abstract).

### **Rejection of Claims 1 and 3-30 -14, 19 and 20 under 35 U.S.C. 103(a) as being anticipated by Millary (U.S. Pub. No. 2004/0153405) et al. in view of Barber et al. (U.S. Pub. No. 2002/0057269)**

Reversal of the rejection of claims 1 and 3-30 under 35 U.S.C. 103(a) as being unpatentable over Millary et al. (U.S. Pub. No. 2004/0153405) in view of Barber et al. (U.S. Pub. No. 2002/0057269) is respectfully requested because the rejection makes crucial errors in asserting that the present claimed invention fails to pre-date the Millary reference. Thus, the rejection erroneously states that claims 1 and 3-30 are unpatentable over Millary in view of Barber.

### Claims 1, 3 – 30, 14, 19 and 20

Applicant respectfully submits that the present claimed invention antedates the earliest effective date of the Millary reference thereby disqualifying the Millary reference

from being used as prior art against the present claimed invention. According to MPEP §715(a),

“[w]hen any claim of an application or a patent under reexamination is rejected, the inventor of the subject matter of the rejected claim, the owner of the patent under reexamination, or the party qualified under §§ 1.42, 1.43, or 1.47, may submit an appropriate oath or declaration to establish invention of the subject matter of the rejected claim prior to the effective date of the reference or activity on which the rejection is based. The effective date of a U.S. patent, U.S. patent application publication, or international application publication under PCT Article 21(2) is the earlier of its publication date or date that it is effective as a reference under 35 U.S.C. 102(e).”

The earliest effective date of the Millary reference for the purposes of 35 USC 102(e) is November 22, 2002. The present claimed invention was conceived prior to the effective date of Millary and reduced to practice, with sufficient diligence during the intervening time period to sufficiently antedate the Millary reference.

Applicants filed a response to an Office Action on July 25, 2005 including a Rule 131 Declaration (hereinafter “2005 Bonnell Declaration”) from the Inventor, Joanne Bonnell, detailing that the present claimed invention was submitted in accordance with the practices of the assignee, Siemens Medical Solutions Healthcare Services, as an invention disclosure on November 18, 2002. A copy of the 2005 Bonnell Declaration and the Invention Disclosure Document is submitted herewith as Exhibits A and B, respectively, as part of Appendix II beginning on page 25 of this Brief. The 2005 Bonnell Declaration provided, in point 8, that the inventor actually conceived the present claimed invention around “February 1999”. Applicant further provided an additional Declaration under Rule 131 from Ms. Bonnell (hereinafter the “2006 Bonnell Declaration”), providing specific details regarding the conception and development of the present claimed invention between the date of original conception, which was corrected to be February 1999, and the

November 18, 2002 submission of the Invention Disclosure Form of Exhibit B. The 2006 Bonnell Declaration and the Declaration of Luis Castillo are attached hereto as Exhibits C and D, respectively, as part of Appendix II beginning on page 25 of this Brief. Further evidence of diligence between November 18, 2002 and the filing date of the Provisional Patent Application on December 12, 2002 was also provided in a Rule 131 Declaration of the undersigned, Alexander Burke (hereinafter, the "Burke Declaration"), who was the attorney responsible for drafting the Provisional Patent Application resulting in constructive reduction of practice of the present claimed invention. The Burke Declaration is attached hereto as Exhibit E as part of Appendix II beginning on page 25 of this Brief.

In the Final Rejection, the Examiner notes that the Declarations in Exhibit C and D are insufficient to show diligence between a twenty one month period between February 2001 and November 2002. However, Applicant respectfully submits that even if these Declarations are not sufficient to antedate the Millary reference, that the Invention Disclosure Document, the 2005 Bonnell Declaration, and the Burke Declaration prove that the present claimed invention was conceived and reduced to practice in such a manner to effectively antedate the Millary reference.

The Examiner, in the rejection dated March 29, 2006, provided on page 20, that the screen shots of "Healthpay24 at [imagevision.net/Healthpay24.htm](http://imagevision.net/Healthpay24.htm)" was the product disclosed by Millary in the provisional applications dated November 22, 2002 and November 25, 2002" and that "this reference serves as an indication that the product of the Millary invention was for sale on 8/03/02". The HealthPay24 screenshots are attached hereto as Exhibit F as part of Appendix II beginning on page 25 of this Brief. For the following reasons, Applicant respectfully submits that the Examiner improperly cites the

Healthpay24 screen shot as a printed publication in an attempt to make the effective date of the Millary reference earlier than the actual effective date of November 22, 2002.

According to MPEP 2128, an electronic publication, including an Internet publication, may be considered to be a "printed publication" within the meaning of 35 U.S.C. 102(a) and (b) provided the publication was accessible to persons concerned with the art to which the document relates. *See In re Wyer*, 655 F.2d 221, 227, 210 USPQ 790, 795 (CCPA 1981). However, the screen capture of "healthpay 24" dated August 2002, which allegedly is the product disclosed in provisional applications 60/428,311 and 60/428,977 from which Millary derives priority, may not be relied upon by the Examiner to impute an earlier effective date because it does not reasonably provide any 35 USC 112 compliant enabling disclosure of any features of the Millary reference. *See* MPEP § 2121.01 and § 2123. The HealthPay24 website describes the product in two lines: "Health Pay 24 is a browser-based, cash management solution designed to assist Health Care facilities in the collection of Co-Pay and Self-Pay charges at the time service is rendered. Health Pay 24 can be implemented anywhere cash, check, credit or debit cards are accepted for payment". This brief description is followed by benefit highlights of the product that do not provide any further details regarding how the product works. Under *Diomed v. AngioDynamics*, "[t]he definition of 'printed' cannot be stretched to include a [website] which does not include a paper component or, at minimum, a substitute for a paper..." that provides enabling disclosure of the features of the invention. *See Diomed, Inc. v. AngioDynamics, Inc.*, 450 F. Supp. 2d 130 (D. Mass, August 30, 2006). Thus, the effective date of the Millary reference is not the August 2002 date suggested by the Examiner. Rather, the effective date is the November 22, 2002, which the present claimed invention antedates.

Additionally, nowhere on the printout of the website does it indicate that the “healthpay 24” is a product that is “for sale”. In fact, on the Imagevision.net homepage, a press release dated June 25, 2002 indicates the “signing of a contract” for the HealthPay24 system that “**will** allow Frankford to provide their patients with more payment options...[and] better auditing tools for cash management.” The future tense is used to indicate that the product is not currently in place and no indication is given regarding when the product will be deployed or whether the product is finished. The fact that the product was advertised does not mean that the healthpay24 product was “on sale”. Moreover, the details of the press release are vague and would not suggest any features of the present invention to one having ordinary skill in the art and therefore may not properly be used as a “printed publication” to impute an effective date to the Millary reference. Consequently, the webpage is insufficient under MPEP §2121.01 and §2123 to serve as a “printed publication”. Thus, the earliest effective date of the Millary reference is November 22, 2002, the date the first provisional application, from which priority is derived, was filed.

Applicant respectfully submits that, in accordance with MPEP 715.07 III(C), the claimed invention was conceived prior to the effective date of the Millary reference and that the “on sale” evidence offered by the Examiner in the March 29, 2006 Office Action does not change the effective date of the Millary reference. Additionally, Applicant respectfully submits that due diligence on the part of the inventor was taken prior to the effective date(s) of Millary and continued through filing of the provisional application serial number 60/432,765 on December 12, 2002 on which the claimed invention is based (See Burke Declaration, Exhibit E).

The disclosure filed on July 25, 2005 which is attached hereto as Exhibit B, serves as evidence of conception, as the document establishes possession of the whole invention

claimed in claims 1 and 3 - 30. The disclosure recites “the idea of utilizing a cash register to manage the daily income for a hospital” (Exhibit B, page B7, lines 21-22) which is the “method of automatic cash accounting for use in a hospital” recited in claim 1. The disclosure further recites the message processor as claimed. The message processor is a processing device included within the cash register, providing “cash controls and is capable of categorizing income” (Exhibit B, page B7, lines 21-22). The cash register described in the disclosure includes “additional functions to facilitate the full method of collecting payments, balancing cash, accounting for these transaction and reporting” (Exhibit B, page B7, lines 1-6) and is thus a system beyond that of a typical cash register. The disclosure provides that “keys on the cash register can be programmed to display the hospitals income categories received from the various insurance payers, for example, Medicare, Blue Cross, HMO’s, third party payers, bad debt agency payments, patient payments, etc, **pretty much any type of income that the facility would want to track**” (emphasis added) (Exhibit B, page B7, lines 27-31). These keys are the “income source identifier[s]” as claimed. The income source identifiers provide “message data” as claimed to the message processor in addition to the first message data which includes an income amount total value.

The disclosure further recites “the healthcare organization must also financially account for all of their daily income by appropriately journalizing these transactions” (Exhibit B, page B8, lines 8-9). This involves “automatically processing, via a data processor, said first and second received message data” as claimed. Specifically, “[t]he idea would be to program the cash register ... with the healthcare facility’s general ledger account numbers so that the total amount of the cash received from a particular payer (department key) can be tracked...[and] compile these general ledger account numbers into a file that will generate automatic transactions to post journal entries ... ” (Exhibit B, page B8, lines 12-17). That corresponds to “identifying an income account associated with said

one of said departments based on said first income source identifier, and for updating said identified income account with said first income amount total value to indicate said first income amount total value received by said identified income account during said first time period” as recited in claim 1. Thus, the disclosure supports conception with regard to identification and update of an income account associated with a department based on the income source identifier.

The disclosure describes that a “multi-entry healthcare system also has several facilities that need to ... report up to the corporate level of the organization (Exhibit B, page B8, lines 34-36). Thus, to provide “collating and combining data representing total values from a plurality of income amounts to provide a first income amount cumulative total value representing combined cash income total value for all of said departments during said first time period” as claimed, the disclosure describes that “each facilities income data can be pulled from the cash register to produce a combined entity report that will display the cash income totals for the system as a whole” (Exhibit B, page B8, lines 38-40). This would provide for “combining said reimbursement income amounts with said cash total value for said departments during said first time period to provide a total amount” as recited in claim 1. Finally, the disclosure provides for “creating a financial statement record using said total amount during said first time period” by “producing a ... report that will display... the end totals of each individual payer/department key” which “can be used for the facilities bank statement reconciliation, to determine month end unposted cash figures, which is needed to establish actual account receivables days calculations, the ability to review case mix ratios, and institute cash forecasting” (Exhibit B, page B8, lines 22-26).

Therefore, in view of the Declarations and the above remarks, the Applicant respectfully submits that the claimed invention was conceived at least on or about November 18, 2002 and that sufficient diligence existed from on or about November 26, 2002 through the filing of the Provisional Patent Application on December 12, 2002. Therefore, the Applicant respectfully submits that the present claimed invention was invented prior to filing of the Millary reference. Therefore Applicant respectfully submits that the present claimed invention antedates the Millary reference and therefore disqualifies it from being used as prior art under 35 USC 103.

Barber et al. discloses a medical payment system that is provided in a physicians office and facilitates physician reimbursements as well as the processing of medical insurance claims. Barber et al. is concerned with providing information about services to a central system so that the central system is able to contact third-party vendors in order to satisfy any obligations resulting from the services, i.e. insurance reimbursement. Thus, Barber et al. discloses a system that is transaction specific. Barber et al. neither discloses nor suggests “a message processor for receiving message data including a first income amount total value, representing cash income received during a first time period” as in the present claimed invention. While Barber et al. does disclose providing monthly statements to either a physician or patient, the information used in producing the statement based entirely on an entered transaction at a remote terminal connected to the central processing unit. This is unlike the present claimed invention which is concerned with “cash income received during a first time period”.

Additionally, the Office Action states that Barber et al. disclose “receiving compensation for medical services provided represents receiving message data including second income amount value representing medical insurance reimbursement income

amounts and an associated patient identifier”. Applicant respectfully disagrees. Specifically, while Barber et al. receives data from a plurality of sources, the data received thereby is not equivalent to “message data including a first income amount total representing cash income received during a first time period” and “second message data identifying medical insurance reimbursement income amounts” as in the present claimed invention. Barber et al. receives patient payment information from the patient based on services rendered to the patient and also receives information regarding reimbursement information from insurance companies wherein the reimbursement is directly related the services provided to the patient. Thus, this data is based entirely on a single transaction. The patient payment information in Barber et al is not analogous to “message data including first income amount total value” of the present invention. Additionally, the “message data” in Barber et al. is transaction specific and unlike the present claimed invention wherein the “message data” is **time period specific**. As the data in Barber et al. is directly related to the patient it cannot be related to “one of a plurality of departments internal to said hospital”.

Applicant respectfully submits that there no motivation to modify Barber et al. to produce the present claimed invention because Barber et al. is concerned with transactional information derived from patient services and neither discloses nor suggests “a first income amount total value, representing income received during a first time period, an associated first income source identifying one of a plurality of departments internal to said hospital providing said associated first income amount total value” as in the present claimed invention.

In view of the above remarks, applicant respectfully submits that Barber et al. provides no 35 USC 112 compliant enabling disclosure that renders the present invention

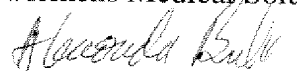
as claimed in claims 1, 15, 17 and 26 unpatentable. As claims 4 and 8 are dependent on claim 1, claim 16 is dependent on claim 15, claims 18 – 25 are dependent on claim 17 and claims 28 – 30 are dependent on claim 26, Applicant respectfully submits that these claims are patentable for the same reasons as discussed above regarding claims 1, 15, 17 and 26. Thus, withdrawal of this rejection is respectfully requested.

### VIII CONCLUSION

Applicant respectfully submits that, in accordance with MPEP 715.07 III(C), the claimed invention was conceived prior to the effective date of the Millary reference. Furthermore, the screen capture of “Healthpay 24” (Exhibit F) dated August 2002, which may be the product disclosed in provisional applications 60/428,311 and 60/428,977 from which Millary derives priority, may not be relied upon to change the effective date of Millary from November 22, 2002 to August 2002 because the screenshot fails to provide any 35 USC 112 compliant enabling disclosure to one having ordinary skill in the art of any features described in Millary or of any of the features claimed in the present claimed arrangement. of the present invention. *See* MPEP § 2121.01 and § 2123. Additionally, Applicant respectfully submits that due diligence on the part of the inventor was taken prior to the effective date(s) and continued through filing of the provisional application serial number 60/432,765 on December 12, 2002 on which the claimed invention is based. T

Accordingly it is respectfully submitted that the rejection of Claims 1 and 3 – 30 should be reversed.

Respectfully submitted,  
Siemens Medical Solutions Healthcare Services Corp.



Alexander J. Burke  
Reg. No. 40,425

Date: May 23, 2007  
Siemens Corporation,  
Customer No. 28524

**APPENDIX I - APPEALED CLAIMS**

1. (Previously Presented) A method of automatic cash accounting for use in a hospital, comprising the activities of:

receiving, via a message processor, first message data including a first income amount total value, representing cash income received during a first time period, and an associated first income source identifier identifying one of a plurality of departments internal to said hospital providing said associated first income amount total value;

receiving, via said message processor, second message data identifying medical insurance reimbursement income amounts received for services rendered to multiple patients during said first time period; and

automatically processing, via a data processor, said first and second received message data by,

identifying an income account associated with said one of said departments based on said first income source identifier, and for updating said identified income account with said first income amount total value to indicate said first income amount total value received by said identified income account during said first time period,

collating and combining data representing total values from a plurality of income accounts to provide a first income amount cumulative total value representing combined cash income total value for all of said departments during said first time period and

combining said reimbursement income amounts with said cash total value for said departments during said first time period to provide a total amount, and

creating a financial statement record using said total amount during said first time period.

2. (Cancelled)

3. (Previously Presented) A method according to claim 1, further comprising the activities of

deriving at least one of said first and second received message data from a processing device associating a user selected income source identifier with said first income amount total value; and

providing cash register functions at said processing device

4. (Previously Presented) A method according to claim 1, wherein the second message data received in said activity of receiving second message data includes a medical insurance reimbursement income amount value for services rendered to a particular patient and an associated patient identifier, and wherein said activity of automatically processing, further comprises the activity of,

identifying an income account associated with said patient based on said patient identifier, and updates said identified patient income account to reflect said medical insurance reimbursement income amount value received and

creating said financial statement record using said combined cash income total value and data derived from said patient income account.

5. (Previously Presented) A method according to claim 1, wherein said ~~the~~ first received message data identifies a plurality of individual cash transactions performed during said first time period and associated with a hospital department, and said first income amount total value comprises a total transaction income amount value for said first time period.

6. (Previously Presented) A method according to claim 5, wherein a transaction income amount value comprises a disbursement comprising a negative income amount value.

7. (Previously Presented) A method according to claim 5, wherein at least one of said first and second received message data comprises a file and  
an individual cash transaction comprises an electronic funds transfer.

8. (Previously Presented) A method according to claim 1, wherein

the second message data received during said activity of receiving second message data identifies an individual message data item includes a medical insurance reimbursement income amount value and an associated patient identifier, and wherein

said activity of automatically processing said received message data includes identifying an income account associated with said one of said patients based on said patient identifier, and updates said identified income account to indicate said medical insurance reimbursement income amount value received and, wherein

said activity of creating said financial statement record includes using said combined cash income total value and data derived from said patient income account.

9. (Previously Presented) A method according to claim 1, wherein

said first received message data identifies a plurality of individual cash transactions performed during said first time period and associated with a hospital department, and said first income amount total value comprises a transaction income amount value, and

said activity of automatically processing includes accumulating a plurality of individual cash transaction income amount values for transactions performed during said first time period for said hospital department to provide a cumulative total value for said first time period.

10. (Previously Presented) A method according to claim 1, wherein

said source identifier incorporates an account number identifying said income account associated with said one of said departments.

11. (Previously Presented) A method according to claim 1, wherein

said activity of automatically processing includes data processor updates an account for the overall hospital in response to said first income amount total value representing combined cash income for said departments for said first time period.

12. (Previously Presented) A method according to claim 11, wherein

said activity of automatically processing further includes updating an account for a plurality of hospitals including said hospital in response to said first income

amount total value representing combined cash income for said departments for said first time period.

13. (Previously Presented) A method according to claim 1, wherein  
said financial statement record identifies at least one of, (a) a total income received by individual departments of said plurality of departments during said first time period, (b) total income received by individual departments of said plurality of departments during said first time period deposited in a bank, and (c) individual cash transactions performed during said first time period by individual hospital departments.

14. (Previously Presented) A method according to claim 1, wherein  
said first time period comprises at least one of: (i) a day, (ii) a week, (iii) a month, and (iv) a year, and  
said plurality of departments internal to said hospital include at least two of, (a) a cafeteria, (b) a garage, (c) a shop, (d) a pharmacy, (e) a café or restaurant, (f) cashiers office, (g) a clinical department, (h) an outpatient department, (i) an inpatient department, (j) an imaging department, and (k) a laboratory.

15. (Previously Presented) A method of automatic cash accounting for use in a healthcare enterprise, comprising the activities of:

receiving, via a message processor, a plurality of messages corresponding to a plurality of individual cash transactions performed during a first time period and associated with a hospital department, and an individual message includes a transaction income amount total value and an associated first source identifier identifying one of a plurality of departments internal to said hospital providing said associated transaction income amount value and a medical insurance reimbursement income amount value for services rendered to a particular patient and an associated patient identifier;

processing, via a data processor, said received plurality of messages for,

identifying an income account associated with said one of said departments based on said first income source identifier, and for updating said identified income account to indicate said transaction income amount total value received during said first period,

identifying an income account associated with said patient based on said patient identifier, and updating said identified patient income account to reflect said medical insurance reimbursement income amount value received

accumulating a plurality of individual cash transaction income amount total values for transactions performed during said first time period for said hospital department to provide a cumulative total value for said first time period,

collating and combining cumulative total values associated with a corresponding plurality of departments to provide a first income amount total value representing combined cash income for said departments during said first time period and

creating a financial statement record using said combined cash income total value for said departments during said first time period and data derived from said patient income amount.

16. (Previously Presented) A method according to claim 15, wherein said received plurality of messages comprise a file, and said individual message is conveyed within said file

17. (Previously Presented) A method of cash accounting for use in a hospital, comprising the activities of:

via a message processor,

receiving first message data including a first income amount total value determining income received during a first time period and an associated first source identifier, said first source identifier identifying one of a plurality of departments internal to said hospital providing said associated first income amount total value, and

receiving second message data including a second income amount total value determining income received during said first time period and an associated second source identifier, said second source identifier identifying one of a plurality of organizations external to said hospital providing said associated second income amount total value, wherein said second message data identifies medical insurance reimbursement income amounts for multiple patients; and

collating and combining, via a data processor, a plurality of first income amount total values from a corresponding plurality of departments to provide a first income amount cumulative total value representing combined cash income for said departments for said first time period, and for collating and combining a plurality of second income amount

total values from a corresponding plurality of organizations to provide a second income amount cumulative total value representing combined cash income from said organizations for said first time period and

creating a financial statement record using said cumulative total value representing combined cash income for said departments and said second income amount cumulative total value for said first time period.

18. (Previously Presented) A method according to claim 17, wherein said first time period comprises at least one of, (i) a day, (ii) a week, (iii) a month and (iv) a year, and

said plurality of departments internal to said hospital include at least two of, (a) a cafeteria, (b) a garage, (c) a shop, (d) a pharmacy, (e) a café or restaurant, (f) cashiers office, (g) a clinical department, (h) an outpatient department, (i) an inpatient department.

19. (Previously Presented) A method according to claim 17, wherein further comprising combining said cumulative total value representing combined cash income for said departments and said second income amount cumulative total value for said first time period to derive a value representing combined cash income for said hospital during said first time period.

20. (Previously Presented) A method according to claim 17, wherein said plurality of organizations external to said hospital include at least two organizations of, (a) a health maintenance organization (HMO), (b) an insurance company, (c) a patient, (d) a debt collection agency, (e) another healthcare provider enterprise.

21. (Previously Presented) A method according to claim 17, wherein said first message data including said first income amount total value is received from at least one of, (a) a cash register, and (b) a processing device with cash register functions.

22. (Previously Presented) A method according to claim 17, wherein an individual message data item includes a medical insurance reimbursement income amount value and an associated patient identifier, and

further comprising identifying an income account associated with said one of said patients based on said patient identifier, and updates said identified income account to indicate said medical insurance reimbursement income amount value received and creating said financial statement record using data derived from said patient income account.

23. (Previously Presented) A method according to claim 17, wherein said message data identifies a plurality of individual cash transactions performed during a first time period and associated with a hospital department, and said first income amount total value comprises a total transaction income amount value during said first time period.

24. (Previously Presented) A method according to claim 23, wherein a transaction income amount value comprises a disbursement comprising a negative income amount value.

25. (Previously Presented) A method according to claim 17, wherein said received message data comprises a file.

26. (Previously Presented) A method for an automatic cash accounting system for use in a healthcare enterprise, comprising the activities of:

receiving, via a message processor, message data including a first income amount total value determining income received during a first time period and an associated first source identifier, said first source identifier identifying one of a plurality of departments internal to said hospital providing said associated first income amount total value, said message data also indicating a plurality of individual cash transactions performed during said first time period and associated with multiple patients, and an individual message data item includes a transaction income amount value and an associated transaction income source identifier, said transaction income source identifier identifying one of a plurality of patients providing said associated transaction income amount value;

identifying, via a data processor, an income account associated with said one of said patients based on said transaction income source identifier, and for updating said

identified income account to indicate said transaction income amount value received by said identified income account during said first time period and creating a financial statement record using said hospital department first income amount total value and said transaction income amount value for said first time period.

27. (Previously Presented) A method according to claim 26, wherein said received message data comprises a file.

28. (Previously Presented) A method according to claim 26, further comprising the activities of receiving second message data identifying medical insurance reimbursement income amounts for multiple patients for services rendered to said multiple patients in said first time period and

identifying income accounts associated with said multiple patients based on said associated patient identifiers, and updating said identified income accounts to indicate said medical insurance reimbursement income amount value received.

29. (Previously Presented) A method according to claim 28, further comprising combining said hospital department first income amount total value and said transaction income amount value and said medical insurance reimbursement income amounts for multiple patients in creating said financial statement record.

30. (Previously Presented) A method according to claim 26, further comprising the activities of

receiving second message data identifying a single medical insurance reimbursement income amount for multiple patients, and identifying a source organization of said reimbursement income amount, and

identifying an organization income account associated with said source organization, and updating said organization income account to indicate said medical insurance reimbursement income amount value received.

**APPENDIX II - EVIDENCE**

In addition to the Arguments presented above, Applicant relies on the following evidenced submitted herewith:

**Exhibit A** is a Declaration under 37 CFR 1.131 by Joanne Bonnell filed with the U.S.P.T.O on July 25, 2005;

**Exhibit B** is a copy of the Invention Disclosure dated November 18, 2002 and which was filed with the U.S.P.T.O on July 25, 2005;

**Exhibit C** is a Declaration under 37 CFR 1.131 by Joanne Bonnell filed with the U.S.P.T.O on August 29, 2006;

**Exhibit D** is a Declaration under 37 CFR 1.131 by Luis Castillo filed with the U.S.P.T.O on August 29, 2006;

**Exhibit E** is a Declaration under 37 CFR 1.131 by Alexander Burke filed with the U.S.P.T.O on August 29, 2006; and

**Exhibit C** is a copy of screenshots used by the Examiner to assert an earlier effective filing date be attributed to the Millary reference.

**APPENDIX III - RELATED PROCEEDINGS**

Applicant respectfully submits that there are no related proceedings associated with Application Serial No. 10/614,649.

**APPENDIX IV - TABLE OF CASES**

1. *In re Wyer*, 655 F.2d 221, 227, 210 USPQ 790, 795 (CCPA 1981)
2. *Diomed, Inc. v. AngioDynamics, Inc.*, 450 F. Supp. 2d 130 (D. Mass, August 30, 2006)

**APPENDIX V - LIST OF REFERENCES**

<b><u>U.S. Pub. No.</u></b>	<b><u>Publication Date</u></b>	<b><u>Inventors</u></b>
US 2004/0153405	August 5, 2004	Millary et al.
US 2002/0057269 A1	May 16, 2002	Barber et al.

TABLE OF CONTENTS

<u>ITEMS</u>	<u>PAGE</u>
I. Real Party in Interest	2
II. Related Appeals and Interferences	2
III. Status of Claims	2
IV. Status of Amendments	2
V. Summary of the Claimed Subject Matter	2 – 6
VI. Grounds of Rejection to be Reviewed on Appeal	6
VII. Argument	6 - 16
VIII. Conclusion	16
 <u>APPENDICES</u>	
I. Appealed Claims	17 - 24
II. Evidence	25
Exhibit A	A1 – A3
Exhibit B	B1 – B11
Exhibit C	C1 – C5
Exhibit D	D1 – D3
Exhibit E	E1 – E2
Exhibit F	F1 – F5
III. Related Proceedings	26
IV. Table of Cases	27
V. List of References	27

## **EXHIBIT A**

07-25-05;02:13PM;

11-732-321-3030

# 16/ 30

Application Serial No. 10/614,649

Attorney Docket No. 2002P20262US01

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : J. R. Bonnell  
Serial No. : 10/614,649  
Filed : July 7, 2003  
For : Healthcare Cash Management Accounting System  
Examiner : James A. Kramer  
Art Unit : 3627

**Rule 131 Declaration of Joanne R. Bonnell**

I, Joanne R. Bonnell, declare as follows:

1. I am the inventor named in the above identified subject patent application.

2. I am informed and believe that claims 1 – 30 of the subject patent application are rejected with reference to U.S. Patent Application having Publication No. US 2004/0153405 – Millary et al.

3. Attached hereto and made part of this declaration is the following Exhibit:

i. Exhibit A is a true copy of an Invention Disclosure Memorandum prepared by Joanne R. Bonnell dated November 18, 2002.

ii. Exhibit B is a copy of the Invention Disclosure entitled "Healthcare Cash Management Accounting Process" attached as part of Exhibit A which includes the details of the claimed invention.

Application Serial No. 10/614,649

Attorney Docket No. 2002P20262US01

4. I conceived the invention disclosed in the subject application in the United States and reduced the invention to practice on or before November 22, 2002 as evidenced by Exhibit A.

5. I began my employment at Siemens Medical Solutions, Inc. on February 17, 1997.

6. As stated in Point 7 of Exhibit A, on or around February 1998, I disclosed the claimed invention to Morgan Pape also in the employ of Siemens Medical Solutions, Inc.

7. The invention as claimed describes an automatic cash accounting system for use in a hospital. The system comprises a message processor for receiving message data including a first income amount total value representing cash income received during a first time period and an associated first income source identifier identifying one of a plurality of departments internal to the hospital providing the associated first income amount total value. A data processor automatically processes the received message data by identifying an income account associated with said one of the departments based on the first income source identifier and updates the identified income account with the first income amount total value to indicate the first income amount total value received by the identified income account during the first time period. Additionally, the data processor collates and combines data representing total values from a plurality of income accounts to provide a first income amount cumulative total value representing combined cash income total value for the departments during the first time period and creates a financial statement record using the combined cash income total value for the departments during the first time period. Independent claims 1, 15 and 26 include similar features. Claims 3, 5 - 7, 9 - 14 are dependent on independent claim 1 and claim 27 is dependent on independent claim 26 and include additional features of the invention.

The features of the above claimed invention are outlined and disclosed in the highlighted sections of Exhibits A and B. The specific details of the claimed invention are outlined in Exhibit B. Specifically, the automatic cash accounting system is derived from lines 1 - 6 on page 1 of Exhibit B. The system having a message processor for receiving message data including a first income amount total value representing cash

Application Serial No. 10/614,649

Attorney Docket No. 2002P20262US01

income received during a first time period and an associated first income source identifier identifying one of a plurality of departments internal to the hospital providing the associated first income amount total value is derived from lines 22 - 24, 27 - 28 and 33 - 36 on page 1 of Exhibit B. The data processor for automatically processing the received message data is derived from the diagram on page 3 of Exhibit B beginning at the box having "Settlement Process Begins" and includes all items that are either entering the box or being produced as a result thereof. The data processor identifying an income account associated with the one of the departments based on the first income source identifier and for updating the identified income account with the first income amount total to indicated the first income amount total value received by the identified income account during the first time period is derived from page 1, lines 33 - 36 and page 2, lines 12 - 17 of Exhibit B. The data processor collating and combining data representing total values from a plurality of income accounts to provide a first income amount cumulative total value representing combined cash income total value for the departments during the first time period is derived from lines 19 - 23 on page 2 of Exhibit B. The creation of a financial statement record using the combined cash total value for the departments during the first time period is derived from lines 8 - 9 on page 2 of Exhibit B in combination with the diagrams on page 4 of Exhibit B entitled "Month End Cash Reports - Single Entity" and "Month End Cash Reports - Multi-entity - 4 Facility Example".

8. All statements made herein to my knowledge are true. These statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful statements may jeopardize the validity of the Application or any patent issued thereon.

7/21/05  
Date

Joanne R. Bonnell  
Joanne R. Bonnell

## **EXHIBIT B**

07-25-05:02:13PM;  
U7-19-08:08:34AM;

1-732-321-3030 # 19/ 30  
1-732-321-3030 # 1/ 6  
Page 1 of 6

## INVENTION DISCLOSURE

# INVENTION DISCLOSURE MEMORANDUM

## CONFIDENTIAL - ATTORNEY/CLIENT PRIVILEGED

To: Ann Strong, Health Services Law Department

From: Joanne R. Bonnell

For HS Patent Initiative Use Only  
Receipt Date: **RECEIVED**

NOV 20 2002

Please return this memorandum and the attached Invention Disclosure form to the Patent Initiative, Health Services Law Department, mail code T06. This memorandum page provides supplemental information to the disclosure itself, and must not be included in the formal submission of the disclosure to the Siemens Intellectual Property Division (IPD) for patent filing.

1) Invention Title: **Healthcare Cash Management Accounting Process**

2) Manager of the Invention: Please answer these questions.

a) Name, Department: **Siemens Health Services, Financial Systems**

b) When were you notified of the invention? **August, 2002**

c) Is there a related project? ☐ Yes ☒ No

Project Name: \_\_\_\_\_

d) Is patent filing recommended? ☒ Yes ☐ No

e) Is the invention appropriate to this department? ☒ Yes ☐ No

f) Other departments that may be interested in the invention are:

Scorian Financials

Signature of Manager: *Pamela A. Dolovich*

Date: 11/18/02

3) Inventor: Please answer these questions to help determine the strategic value of this invention to Health Services.

a) How hard do you think it would be for others to find alternative ways to the same result?

☐ With considerable expenditure

☒ Possible with some effort

☐ Possible without problems

b) What do you think will be the interest of competitors to use this invention?

☒ Very strong interest

☐ Average interest

☐ Minimal interest

c) What do you think will be the interest of allied vendors to use this invention?

☒ Very strong interest

☐ Average interest

☐ Minimal interest

d) How hard do you think it will be for Siemens HS to identify and prove that others have used this invention in their products/services?

☐ With considerable expenditure

☐ Possible, but hard to do

☒ Possible without problems

e) What do you think is the likelihood that the invention will be included in internal Siemens' products and services?

☐ Highly likely

☒ Not sure

☐ Unlikely

THIS INVENTION DISCLOSURE IS SIEMENS PROPRIETARY INFORMATION, AND IS CONFIDENTIAL. THIS DISCLOSURE, AND ITS SUBJECT MATTER, MAY NOT BE DISCLOSED IN WHOLE OR IN PART TO ANYONE OUTSIDE OF SIEMENS EXCEPT AS APPROVED UNDER SIEMENS CORPORATE PROCEDURES

07-25-05:02:13PM;

11-732-321-3030

# 20/ 30

11-732-321-3030

# 2/ 0

## INVENTION DISCLOSURE

Page 2 of 6

Return this completed form, with any necessary attachments, to:  
**SIEMENS CORPORATION**  
 Intellectual Property Department (IPD)  
 186 Wood Avenue South  
 Iselin, NJ 08830  
 phone +1-732-321-3028  
 fax +1-732-321-3014

PLEASE KEEP A COPY FOR YOUR RECORDS

THIS SECTION FOR IPD USE ONLY	
Receipt Date Stamp <b>RECEIVED</b>	Division/Dept Code _____
NOV 20 2002	Cost Center Code <u>7015</u>
INTELLECTUAL PROPERTY	Docket No. <u>02E19125U</u>
	IP Attorney <u>AYB</u>

1. Your Div's Project #: \_\_\_\_\_; Invention Title \_\_\_\_\_

## 2. INVENTOR

At the time the invention was conceived, this inventor was  
☐ an employee of a German legal entity (e.g. Siemens AG)  
☐ an employee of a non-German entity (e.g. Siemens Automotive Corporation or Siemens Canada Limited)  
 If you are not sure, contact IPD at +1-732-321-3028

Full Name Joanne R. Bonnell  
 Home Address 201 First Avenue  
Broomall, PA 19008

Citizen of USA

Soc. Sec. # \_\_\_\_\_

## COMPANY/LOCATION INFORMATION

Employer Siemens Medical Solutions Inc.  
 Division Financial Systems  
 Address 51 Valley Stream Parkway  
Malvern, PA 19355-1408

Work telephone 610-219-3024Fax 610-219-3149Email joanne.bonnell@siemens.com

Signature Joanne R. Bonnell  
 Date 11/18/02

4. Purpose(s), and likely field(s) of use of this invention

The purpose of this invention is to provide healthcare facilities with a controlled cash/revenue receivable process and the ability to automatically account and report on these transactions on a daily and monthly basis. This invention is intended for healthcare facilities only.

5. Is this invention still secret within Siemens? YES ☒ NO ☐Do you soon plan to make the invention information available outside of Siemens? YES ☐ NO ☒

Based on your answer to Question #5, explain when and how this invention was/will be made available to someone outside of Siemens (e.g. trade show at location/date, customer presentation at company/location/attendees/date, supplier prototyping by company/date, included in product brochure or advertisement in publication/date, industry technical symposium paper presented place/date, etc.)

A business plan for this idea has not been created or approved. There are no present plans to market this idea to anyone at this time.

6. Where is this invention described? List all documents containing aspects of this invention (e.g. engineer notebook data/page, internal status report, test logs, physical prototypes, customer presentation, etc.)

The description of this idea is contained in a word document and a printed copy of this document is attached.

7. What date do you recall creating this invention?/

When do you recall first explaining this invention to a witness who is not also a co-inventor?/

I had also explained this idea to Monica Page in the financial area about one year after working at Siemens, although nothing was documented. This idea was lost a discussion. Who was those witness(es)? \_\_\_\_\_  
 Has this invention been prototyped or tested yet? If so, when, where, by who? What were the results? \_\_\_\_\_

8. I have ☒ have not ☐ attached a number of additional sheets to better describe this invention.9. Identify all non-Siemens companies that may in the future benefit from the use of this invention through a license. All Cash register companies.10. Was this invention developed under, or quoted for, a customer contract? YES ☐ NO ☒

Was it developed under a government contract? YES ☐ NO ☒  
 If yes to either, please give contract name and number, and further explain the situation \_\_\_\_\_

THIS INVENTION DISCLOSURE IS SIEMENS PROPRIETARY INFORMATION, AND IS CONFIDENTIAL.  
 THIS DISCLOSURE, AND ITS SUBJECT MATTER, MAY NOT BE DISCLOSED IN WHOLE OR IN PART TO ANYONE  
 OUTSIDE OF SIEMENS EXCEPT AS APPROVED UNDER SIEMENS CORPORATE PROCEDURES

07-25-05:02:13PM;

11-732-321-3030 # 21/ 30  
11-732-321-3030 # 3/ 8

## INVENTION DISCLOSURE

Page 3 of 6

IF THE ANSWERS TO ANY OF THESE QUESTIONS CHANGE BEFORE THIS INVENTION IS FILED AS A PATENT APPLICATION WITH THE GOVERNMENT, MAKE SURE TO SEND AN UPDATE TO SIEMENS IPD.

## 11. WITNESSED AND UNDERSTOOD BY:

Signature Camilla A. DobischName Camilla A. DobischDate 11/18/02Company Name Siemens Health ServicesCompany Address 51 Valley Stream Pkwy  
Malvern, Pa. 19355

THIS INVENTION DISCLOSURE IS SIEMENS PROPRIETARY INFORMATION, AND IS CONFIDENTIAL. THIS DISCLOSURE, AND ITS SUBJECT MATTER, MAY NOT BE DISCLOSED IN WHOLE OR IN PART TO ANYONE OUTSIDE OF SIEMENS EXCEPT AS APPROVED UNDER SIEMENS CORPORATE PROCEDURES.

## INSTRUCTION ON HOW TO USE THIS INVENTION DISCLOSURE

General

- PLEASE TYPE OR PRINT CLEARLY. Answer all questions. Use N/A when not applicable.
- Sign and date each page in ink.  
Sign and date all attached additional sheets, diagrams, photographs, etc  
Please provide all of your given names in full in sections 2 and 3. When there are more than two inventors, use another form and complete and sign Items 1, 2, 3 and 10 on the extra forms.
- Every page of the form and accompanying papers should bear the signature of a witness and the date of his/her signing. The witness should have read the forms and attached papers, and should understand the invention before witnessing. The witness should have a technical background related to the invention, to reduce the chances that someone can later challenge his/her ability to have understood the invention.
- A co-inventor should not be the witness. If you have a choice of several qualified witnesses, choose the witness you believe is most likely to still be a Siemens employee available in this country if a question comes up several years from now. That means you should avoid having a co-op student, contract engineer, or a retiring engineer serve as your witness.

Detailed Information

Please use the template starting on the next page for providing detailed information about the invention.

REMEMBER TO UPDATE THE IPD IF ANY OF THE INFORMATION YOU PROVIDED CHANGES.

- ☒ Yes, I promise I will update the Siemens Intellectual Property Department (IPD) if any of the information I've provided changes
- ☒ Yes, I promise to assist Siemens in preparing and prosecuting a patent application based on this invention including filing papers and responses to patent office actions and other pleadings, and to sign any documents needed by Siemens in the future to perfect its rights in this invention.

THIS INVENTION DISCLOSURE IS SIEMENS PROPRIETARY INFORMATION, AND IS CONFIDENTIAL. THIS DISCLOSURE, AND ITS SUBJECT MATTER, MAY NOT BE DISCLOSED IN WHOLE OR IN PART TO ANYONE OUTSIDE OF SIEMENS EXCEPT AS APPROVED UNDER SIEMENS CORPORATE PROCEDURES

07-25-05;02:13PM;  
07-18-05;09:34AM;

11-732-321-3030 # 23/ 30  
11-732-321-3030 # 8/ 6

# SUPPLEMENTAL SHEET FOR INVENTION DISCLOSURE

Page 5 of 6

## Detailed Description

### Abstract

In one or two sentences, briefly describe what your invention does and how it is used. This is basically the purpose of the invention, which is also presented in the body of the invention disclosure form.

### Background Information

#### *Function*

Briefly describe what the invention does.

#### *Problem Solved*

Briefly describe the problem being solved by the invention.

#### *Prior Systems*

Briefly describe how the function of your invention was/is performed by any prior or existing systems, either a competitor's or our own.

#### *Disadvantages of Prior Systems*

Briefly describe the disadvantages of prior and/or existing systems. This will help define the uniqueness of the invention.

#### *Advantages of the Invention*

Briefly describe the advantages of your invention over prior or existing systems. These points will help define what is unique about the invention, and will also help formulate the specific claims for the patent application.

### Details

#### *Structural Description*

Describe in detail the structural operation of your invention. Use screen samples, flowcharts, drawings, and graphs as the basis for the description. Give specific details, not just general information.

#### *Functional Operation*

Describe in detail the functional operation of your invention. Use screen samples, flowcharts, drawings, and graphs as the basis for the description. Give specific details, not just general information.

#### *Improvements Incorporated*

Point out things such as what improvements your invention incorporates, or how and why it achieves superior performance (if you know why). Again, this helps to define the specific claims required for the patent application.

#### *Alternatives*

Describe if there are alternative methods or different structural embodiments of your invention. This will help identify the ability of others to design around the approach taken with this invention.

#### *Extensibility to Other Related Fields*

Briefly describe if and how the general idea or technique of your invention can be extended to other fields? This will help to determine the patent can be extended beyond our health care information system business, which would make the patent more valuable.

Inventor's Signature: Michael L. Bonnell

Date: 11/18/05

Witness's Signature: Pamela A. Doloresi

Date: 11/18/05

THIS INVENTION DISCLOSURE IS SIEMENS PROPRIETARY INFORMATION, AND IS CONFIDENTIAL. THIS DISCLOSURE, AND ITS SUBJECT MATTER, MAY NOT BE DISCLOSED IN WHOLE OR IN PART TO ANYONE OUTSIDE OF SIEMENS EXCEPT AS APPROVED UNDER SIEMENS CORPORATE PROCEDURES

07-25-05; 02:13PM;

1-732-321-3030  
1-732-321-3030# 24/ 30  
# 5/ 6SUPPLEMENTAL SHEET  
FOR INVENTION DISCLOSUREPage 6 of 6New Features

Briefly describe which features are believed to be new. If this is redundant to material already provided, simply indicate so.

Uses Envisioned

Briefly describe how you best envision your invention being put to use.

Related Art

Attach a copy (or bibliographic citation) of all publications, patents, etc. that you know about which relate to your invention, and which you think might be important to consider in understanding how your invention differs from prior work.

Potential Licensing Opportunities

Please identify, in relation to Item 9 on the Invention Disclosure Form, all companies that are not a part of Siemens and may benefit, in the future, from the use of this invention. This will be helpful in identifying potential licensing opportunities, not necessarily for a specific instance of code, but for the method/idea itself.

Inventor's Signature: Amme R. Bonnell  
Date: 11/18/02Witness' Signature: Pamela A. Dobroska  
Date: 11/18/02THIS INVENTION DISCLOSURE IS SIEMENS PROPRIETARY INFORMATION, AND IS CONFIDENTIAL  
THIS DISCLOSURE, AND ITS SUBJECT MATTER, MAY NOT BE DISCLOSED IN WHOLE OR IN PART TO  
ANYONE OUTSIDE OF SIEMENS EXCEPT AS APPROVED UNDER SIEMENS CORPORATE PROCEDURES

## HEALTHCARE CASH MANAGEMENT ACCOUNTING PROCESS

### INVENTION/IDEA

The patent idea is to produce a secure and automated workflow process to account for the daily revenue activities that occur in the healthcare industry. The actual patent package would contain the revenue workflow process which incorporates the use of an electronic cash register that has been programmed with additional functions to facilitate the full method of collecting payments, balancing cash, accounting for these transactions and reporting for a single or multi-entity healthcare facility.

### **Background:**

Hospitals receive income by providing a community of people various types of inpatient and outpatient medical services. Approximately 80% of the hospital's income comes from medical insurance reimbursements and patient out-of-pocket co-payments and deductibles. In addition to insurance and patient income, a healthcare facility may receive income from their employee cafeteria, parking garage, gift shop, coffee shop, as well as, income from other entity affiliates such as physician practices, foundations, education and research, just to name a few. The challenge for healthcare facilities today are to have one centralized mechanism that is capable of managing the collection, balancing, accounting and reporting of cash that also incorporates appropriate cash controls. Government healthcare reimbursement cutbacks, and rising healthcare out-of-pocket costs for consumers contribute to the growing need for this cash control system. Now, more than ever, healthcare facilities need to know exactly where their cash is coming from so that they can project future trends.

### **Business Process:**

The idea of utilizing a cash register to manage the daily income for a hospital comes from recognizing that a cash register has built in cash controls and is capable of categorizing income and, with some modifications, can be employed in other types of businesses. For example, lets compare the daily transactions that occur in a retail business chain like a Macy's or K-Mart to the daily transactions that occur in a healthcare facility. Within each store, there are several departments or department keys displayed on the cash register that account for individual categories of sale items, for example, shoes, jewelry, children's clothing, house ware etc. For a healthcare facility, these department keys on the cash register can be programmed to display the hospitals income categories received from the various insurance payers, for example, Medicare, Blue Cross, HMO's, third party payers, bad debt agency payments, patient payments, etc., pretty much any type of income that the facility would want to track. As each transaction is rung into the register receipts are produced that can be utilized during the daily cash settlement process where reconciliation between the cash register reports, receipts produced from the register and the actual currency would have to balance. Both type of entities must assure that their daily cash transactions are balanced and the money is prepared for deposit into their financial bank account.

Healthcare Cash Management Accounting Process

In addition to the concrete cash transactions that transpire daily, healthcare facilities sometimes receive money that is automatically deposited directly into their bank account and is not received "over the counter". This income could be in the form of electronic payments from patients or insurance companies, wire transfer monies from other affiliates, lock box deposits and credit card reimbursements etc. Entering these amounts into the cash register on the day they are received and then deducting the cashless totals will balance to the actual cash deposit.

Internally, the retail store and the healthcare organization must also financially account for all of their daily income by appropriately journalizing these transactions. This can be achieved by making programming changes to the electronic cash register for the healthcare facility. A retail store has inventory numbers coded into the register that identifies and accounts for the item being purchased. The idea would be to program the cash register to replace the inventory numbers with the healthcare facility's general ledger account numbers so that the total amount of the cash received from a particular payer (department key) can be tracked. Furthermore, create the ability to, when initiated, compile these general ledger account numbers into a file that will generate automatic transactions to post journal entries to the facilities general ledger accounting system (Debit to the cash account and a credit to the general ledger account number associated with the payer/department key). As part of the settlement process, the register can be "polled" or initiated to produce a report that displays the individual transactions and totals of each payer/department key. The register is also capable of storing the daily cash totals and producing a monthly report that will display the month end totals of each individual payer/department key. This report can be used for the facilities bank statement reconciliation, to determine month end unposted cash figures, which is needed to establish actual account receivables days calculations, the ability to review case mix ratios, and institute cash forecasting.

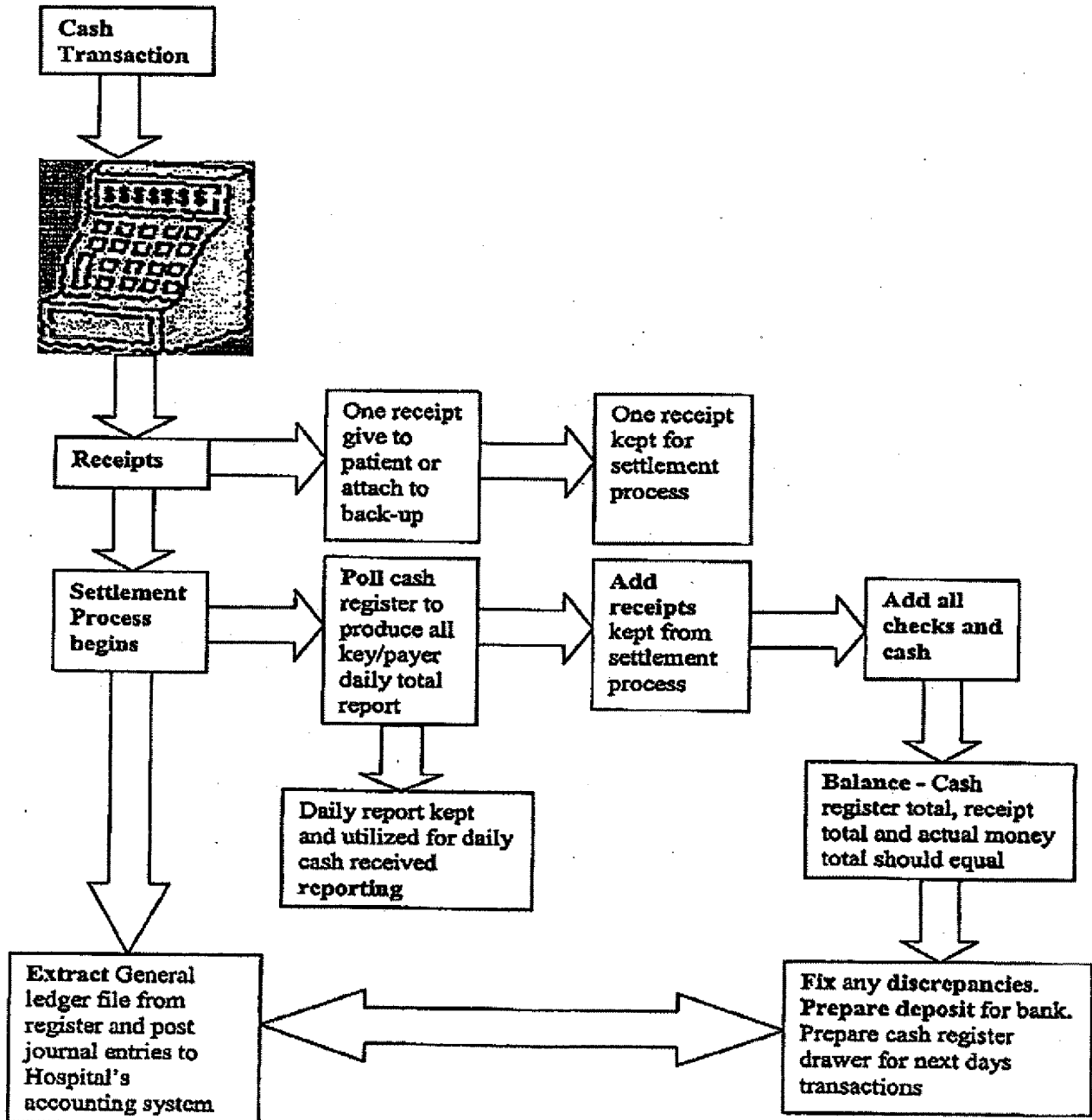
Sometimes hospitals receive non-sufficient fund return checks that need to be accounted for by reversing the initial transaction. The electronic cash register also has the capability to disburse refunds, calculate discounts and easily reverse transactions etc. Monthly bank reconciliation is effortless because with this process, all daily cash received will equal the deposit amount listed on the bank statement.

Another comparison between the retail business and a healthcare business is that a "chain" retail store has several store locations that must report the financial status of the individual store, as well as, the company as a whole. A multi-entity healthcare system also has several facilities that need to report their financial status as an individual entity, as well as report up to the corporate level of the organization. The solution to this financial reporting is to place one electronic cash register in each hospital, (Cashier's area) where all of the departments have one centralized place to make deposits. At month's end, each facilities income data can be pulled from the cash register to produce a combined entity report that will display the cash income totals for the system as a whole. This business cash register solution incorporates a secure and controlled cash process that can be easily implemented with minimal costs.

Healthcare Cash Management Accounting Process

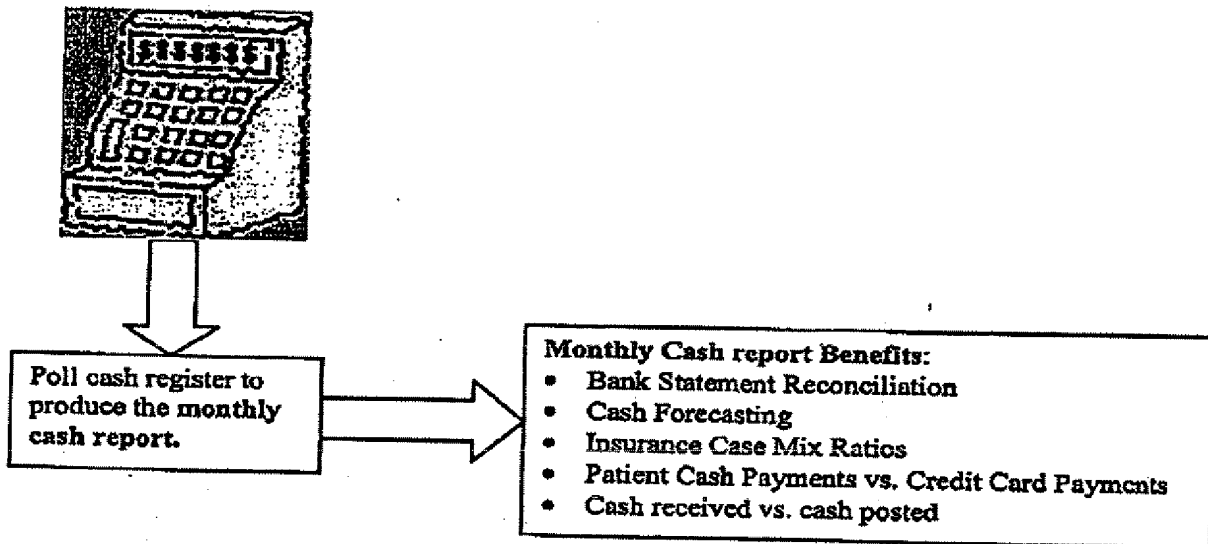
# Diagram of Healthcare Collection and Settlement Process

## Single Entity

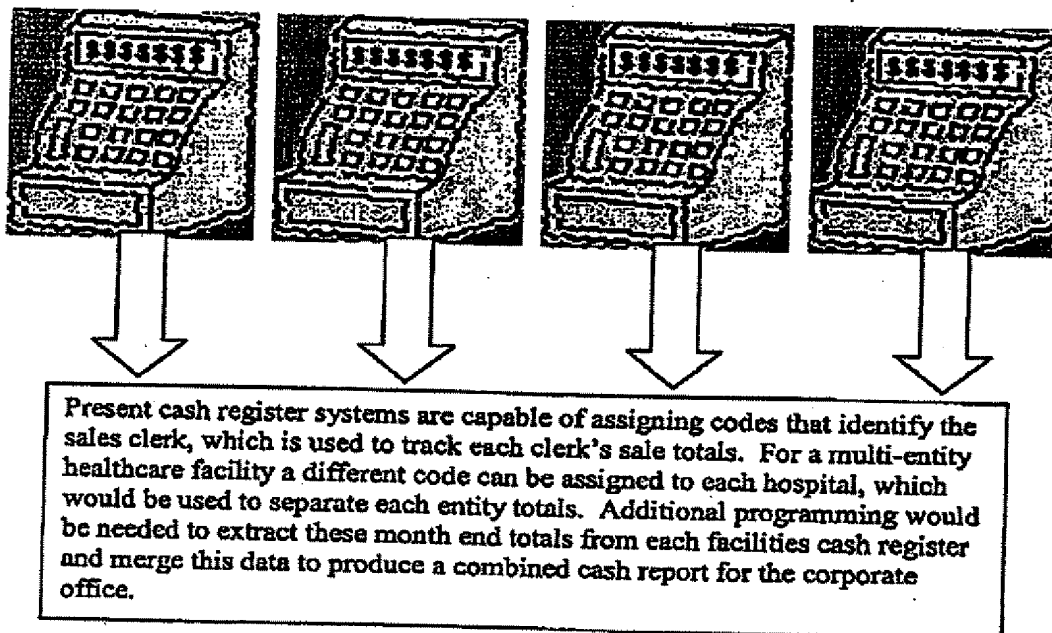


Healthcare Cash Management Accounting Process

### Month End Cash Reports – Single Entity



### Month End Cash Reports – Multi-entity - 4 Facility Example



Healthcare Cash Management Accounting Process

**Conclusions and Suggestions:**

If it is determined that this idea is not "patent-able", I would like to request that this cash management solution be considered for future development within the financial business segment. Presently, Siemens does not have a product or solution to track revenue for our healthcare customers. It is truly the "missing link" between INVISION Patient Accounting and our General Financial Systems. A "controlled" debit to cash journal entry is definitely needed in healthcare facilities because presently, the hospital's accounting staff must manually gather the cash information from all of the various revenue producing departments in their facility. Usually, this information is not obtained on the day that it is deposited and ultimately, creates difficulty balancing and can underestimate month end receivables. Now, more than ever, healthcare facilities must keep track of their money to be able to project future trends so that they can make intelligent financial decisions to stay in business.

If this idea is deemed as a new product, I would also like to propose that Siemens considers partnering or affiliating with a cash register company who is familiar with the programming capabilities of this machine. Siemens would benefit from this affiliation by being able to supply the cash register machine to our customers and work together with the register company to develop the programming changes and interfaces needed to fulfill the healthcare cash management solution. The idea of breaking into the acute healthcare market and the benefit from promoting to Siemens already established market of customers, may interest a cash register company to establish a profitable relationship with us. I am inexperienced with the affiliation process and how this partnering would work, however, I think that this approach is the best way to achieve this solution quickly and in the most cost effective way.

If Siemens long-term goal is to be able to provide a complete clinical and financial solution for our customers, then it would be advantageous to consider this cash management system. I envision that this new product could be packaged and sold to our customers as an "add on" enhancement for Siemens INVISION and SOARIAN financial products.

Healthcare Cash Management Accounting Process

5

## **EXHIBIT C**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : J. R. Bonnell  
Serial No. : 10/614,649  
Filed : July 7, 2003  
For : Healthcare Cash Management Accounting System  
Examiner : James A. Kramer  
Art Unit : 3627

**Rule 131 Declaration of Joanne R. Bonnell**

I, Joanne R. Bonnell, declare as follows:

1. I am the inventor named in the above identified subject patent application.

2. I am informed and believe that claims 1 – 30 of the subject patent application are rejected with reference to U.S. Patent Application having Publication No. US 2004/0153405 – Millary et al.

3. Attached hereto and made part of this declaration is the following Exhibits:

i. Exhibit A is a copy of a diagram detailing operation of the system claimed in claims 1 – 30 of the subject patent application which was created on or about August of 1999.

ii. Exhibit B is a copy of an Internal Employee Progress Sheet required to be submitted by Employees to their Supervisors detailing progress and accomplishments of Employee Projects for the time period between 1998 – 1999.

4. As disclosed in the Declaration filed on July 25, 2005 which is incorporated herein in its entirety (hereinafter, "7/25 Declaration") I conceived the invention disclosed in the subject application in the United States and reduced the invention to practice on or before November 22, 2002.

5. I began my employment at Siemens Medical Solutions, Inc. on February 17, 1997 as Product Manager in the Patient Account Department for the INVISION®/UNITY® systems.

6. Shortly after beginning my employment at Shared Medical System (SMS), now Siemens Medical Solutions, Inc, I met with my manager, Jane Henderson to discuss the concept of developing an automated cash management process system that automates manual healthcare-specific patient and non-patient revenue accounting procedures by automatically generating message data that interfaces and accounts for financial journal entries. Jane Henderson concluded that the function that I was describing was not within the bounds of the Patient Accounting Product line.

7. In January, 1999, I reported to a new manager, Craig Patton. I disclosed the same concept idea as described in point #6 to Craig Patton and he encouraged me to speak with Morgan Pape, whom at the time worked in Shared Medical Systems (SMS), now Siemens Medical Solutions, Inc. General Financial Systems (GFS) department, to determine if this solution could be developed. .

8. In Point 7 of Exhibit A of the 7/25 Declaration, I misstated the date of the meeting between myself and Morgan Pape as being on or around February 1998, This meeting actually took place on or about February 1999. During the meeting on or about February 1999, I disclosed the claimed invention to Morgan Pape also in the employ of Siemens Medical Solutions, Inc. Morgan agreed that it was a good idea and that he would follow-up with his staff to assess the development effort.

9. On or about August 1999, I completed an exemplary diagram detailing operation of the claimed system attached hereto as Exhibit A. The diagram shows the device receiving message data in the form of an electronic from departments of a healthcare organization identifying income received as well as message data from medical

reimbursement information. The system is able to reconcile data received and collates and combines the electronic message data from different sources to produce a financial support.

10. On or about December 2000, Luis Castillo was made Director of Legacy Financial System Department. Luis was assigned the responsibility of Patent Manager for the Financial Systems Department.

11. On or about February 2001, I met with Luis Castillo who was the Product Owner of the General Financial Systems Division. During this meeting I discussed the idea which became the subject of the claimed invention. Specifically, I explained an application enhancement to a product line. The application enhancement was presented as a device such as an electronic cash register having specific processors programmed with complex functions to facilitate the full method of collecting payments, balancing cash, accounting for these transactions and reporting for a single or multi-entity healthcare facility. I presented the operation of the claimed system by analogy using a cash register in retail setting. However, unlike the retail cash register, a healthcare facility is entirely different and receives revenue streams from within the healthcare facility and other locally and remotely located associated facilities. Department keys on a cash register programmed with, or connected to, processing devices to display the hospitals income categories received from the various insurance payers (e.g., Medicare, the Blues, HMO's), bad debt agency payments, patient payments, etc.. As the system receives notification of a transaction, electronic message receipts are produced for use during the daily cash settlement process where reconciliation between the cash register reports, receipts produced from the register and the actual currency need to balance. The claimed system assures that daily cash transactions are balanced and the money is prepared for deposit into an appropriate financial bank account.

Additionally, and unlike a retail store, healthcare providers receive money that is automatically "direct deposited" from associate entities. This income comprises electronic payments from patients and/or insurance companies, wire transfer monies from other affiliates, lock box deposits and credit card reimbursements etc. The system receives messages that accounts for this data and the corresponding monies to balance with actual cash deposits.

The system allows a Healthcare Organization to account for and produce appropriate journal entries for these transactions. The system is programmed and/or includes programmed processing devices for supporting general ledger account numbers so that the total amount of the cash received from a particular payer is tracked and compiled into a file that is used to generate automatic transactions to post journal entries to the providers GL system (Debit to the cash account and a credit to the general ledger account number associated with the payer/department key). The system supplements a settlement process so that the register is automatically "polled" or initiated to produce an electronic report that displays the individual transactions and totals of each payer/department key. The system stores totals and provide month-end reporting used for a facility's bank statement reconciliation, to determine month end unposted cash figures, which is needed to establish actual account receivables days calculations, and provides an ability to review case mix ratios, and institute cash forecasting.

Luis agreed that the idea should be submitted and I was instructed to begin a formal write-up of the invention using Siemens Medical Solutions internal patent application process.

12. Between February 2001 and November 2002, I wrote and revised several drafts of the operation of my invention. During the writing and revising processes I analyzed the operation of each operational aspect of how the system performs the included functions which comprise the features claimed in currently pending claims 1 - 30. My analysis included determining that the system could be implemented as both a hardware device as well as in software to be executed by at least one processing device. Additional functionality was added during this time period including automatically retrieving message data corresponding to deposit information of respective healthcare facilities from their respective banking institutions on a regular basis. During this time, I also performed searches on the U.S. Patent and Trademark website to determine if any similar systems existed.

13. On November 18, 2002, I formally submitted the Invention Disclosure Memorandum (Exhibit A of the 7/25 Declaration) and the Invention Disclosure (Exhibit B of the 7/25 Declaration).

14. A Provisional patent application, based on my Invention Disclosure was prepared by Siemens Medical Solutions, Inc legal department and reviewed and approved by me prior to filing on December 12, 2002 and was given Serial No. 60/432,765.

15. A Non-Provisional Patent Application claiming priority from the Provisional Application identified in Point 16 of this Declaration was prepared by Siemens Medical Solutions, Inc legal department and reviewed and approved by me prior to filing on July 7, 2003.

16. All statements made herein to my knowledge are true. These statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful statements may jeopardize the validity of the Application or any patent issued thereon.

8/17/06  
Date

Joanne R. Bonnell  
Joanne R. Bonnell

## **EXHIBIT D**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : J. R. Bonnell  
Serial No. : 10/614,649  
Filed : July 7, 2003  
For : Healthcare Cash Management Accounting System  
Examiner : James A. Kramer  
Art Unit : 3627

**Rule 131 Declaration of Luis Castillo**

I, Luis Castillo, declare as follows:

1. I am employed as a Senior Vice President at Siemens Medical Solutions, Inc.
2. In December 2000, I was the Director in charge of all Legacy Financial Systems and was the Patent Manager responsible for the Legacy Financial Systems Division.
3. As Patent Manager I was responsible for meeting with Inventors to determine if an invention should be further developed and determine if patent protection should be sought for the invention.
4. On or about February 2001, I met with Joanne Bonnell who is the inventor on the subject patent application. During this meeting Joanne Bonnell presented the idea which became the subject of the claimed invention. Specifically, Joanne Bonnell explained an application enhancement to a product line. The application enhancement was presented as a device such as an electronic cash register having specific processors programmed with complex functions to facilitate the full method of collecting payments,

balancing cash, accounting for these transactions and reporting for a single or multi-entity healthcare facility. Jonnane Bonnell described the operation of the claimed system by analogy using a cash register in retail setting. However, unlike the retail cash register, a healthcare facility is entirely different and receives revenue streams from within the healthcare facility and other locally and remotely located associated facilities. Department keys on a cash register programmed with, or connected to, processing devices to display the hospitals income categories received from the various insurance payers (e.g., Medicare, the Blues, HMO's), bad debt agency payments, patient payments, etc.. As the system receives notification of a transaction, electronic message receipts are produced for use during the daily cash settlement process where reconciliation between the cash register reports, receipts produced from the register and the actual currency need to balance. The claimed system assures that daily cash transactions are balanced and the money is prepared for deposit into an appropriate financial bank account.

Additionally, and unlike a retail store, healthcare providers receive money that is automatically "direct deposited" from associate entities. This income comprises electronic payments from patients and/or insurance companies, wire transfer monies from other affiliates, lock box deposits and credit card reimbursements etc. The system receives messages that accounts for this data and the corresponding monies to balance with actual cash deposits.

The system allows a Healthcare Organization to account for and produce appropriate journal entries for these transactions. The system is programmed and/or includes programmed processing devices for supporting general ledger account numbers so that the total amount of the cash received from a particular payer is tracked and compiled into a file that is used to generate automatic transactions to post journal entries to the providers GL system (Debit to the cash account and a credit to the general ledger account number associated with the payer/department key). The system supplements a settlement process so that the register is automatically "polled" or initiated to produce an electronic report that displays the individual transactions and totals of each payer/department key. The system stores totals and provide month-end reporting used for a facility's bank statement reconciliation, to determine month end unposted cash figures, which is needed to establish actual account receivables days calculations, and provides an ability to review case mix ratios, and institute cash forecasting.

5. At the conclusion of the meeting described in Point 4 of this declaration, I suggested to Joanne Bonnell, that she continue to work on the invention and that the invention could benefit from patent protection. I instructed Joanne to begin a formal write-up in compliance with our internal patent application procedures.

6. On November 18, 2002, Joanne Bonnell formally submitted the Invention Disclosure Memorandum (Exhibit A of the 7/25 Declaration) and the Invention Disclosure (Exhibit B of the 7/25 Declaration).

7. The Operating Patent Committee requested the legal department to prepare a Provisional patent application, based on the Invention Disclosure which was filed on December 12, 2002 and was given Serial No. 60/432,765.

8. The legal department was requested to prepare a Non-Provisional Patent Application claiming priority from the Provisional Application identified in Point 7 of this Declaration which was filed on July 7, 2003.

18. All statements made herein to my knowledge are true. These statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful statements may jeopardize the validity of the Application or any patent issued thereon.

Date

8/24/06

  
Luis Castillo



## **EXHIBIT E**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : J. R. Bonnell  
Serial No. : 10/614,649  
Filed : July 7, 2003  
For : Healthcare Cash Management Accounting System  
Examiner : James A. Kramer  
Art Unit : 3627

**Declaration of Alexander J. Burke**

I, Alexander Burke, declare as follows:

1. I am employed as an Attorney at Siemens Medical Solutions, Inc.
2. On or about November 26, 2002, I received an Invention Disclosure Memorandum and Invention disclosure (Exhibits A and B of the Declaration of Joanne Bonnell filed July 25, 2005).
3. Between November 26, 2002 and December 12, 2002, I drafted a Provisional Patent Application based on the Invention Disclosure identified above in Point 2 of this declaration. I presented the Provisional Patent Application to Joanne Bonnell which she subsequently approved. The approved application was filed on December 12, 2002 and given Serial No. 60/432,765.
4. Non-Provisional Patent Application claiming priority from the Provisional Application identified in Point 3 of this Declaration which was filed on July 7, 2003.

Application Serial No. 10/614,649

E2

Attorney Docket No. 2002P20262US01

5. All statements made herein to my knowledge are true. These statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful statements may jeopardize the validity of the Application or any patent issued thereon.

29 August 2006  
Date

Alexander Burke  
Alexander Burke

## **EXHIBIT F**



*Health Pay 24* is a browser-based, cash management solution designed to assist Health Care facilities in the collection of Co-Pay and Self-Pay charges at the time service is rendered. *Health Pay 24* can be implemented anywhere cash, check, credit or debit cards are accepted for payment.

### **Benefits**

1. Faster, More Efficient Collection of Co-Pay and Self-Pay Charges
  - Increased Cash flow
  - Reduction in Billing and Collection Costs
  - Offers a Broader Range of Payment Options
  - Optional "Discount" for Immediate Payment
2. Low Cost of Implementation
  - Minimal Hardware Purchase
  - Utilizes Existing Infrastructure (PC's, LAN/WAN, Printers, Servers, T-1 Internet access)
3. Standardization of Cash Management Process and Procedures
4. Enhanced Reporting Capabilities
  - Effective Staff Management
  - Paper Trail – Auditing
5. Solution Complies with Privacy Portion of HIPPA Legislation
6. Interfaces with Your Existing Patient Management and Patient Accounting Systems (Such as InVision

08/03/2002

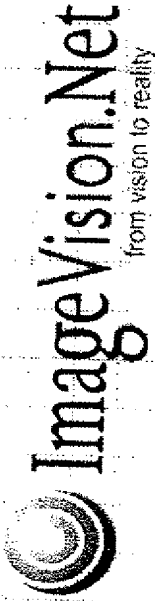
<http://web.archive.org/web/20020803145850/imagevision.net/HealthPay24.htm>

and Signature)

**Questions to answer prior to proposal generation**

1. Number of hospitals in the network – provide name, location, number of campuses and size (total number of beds)
2. Does each of the hospitals have separate IT systems/staff?
3. Is there a WAN in place?
4. Is there T-1 Internet connectivity?
5. How many patient visits per month per hospital? Any peak times?
6. How many potential POS stations are there at each hospital/campus?
7. What are the range of Dollar amounts written off annually for non co-payment collection?
8. What are the range of Dollar amounts written off annually for non self-pay insured's collection?
9. What is the range of Dollar amounts spent annually for collection agencies fees?
10. What current Patient Management and Patient Accounting systems exist?
11. What is your preferred server platform? Do you allow the use of Windows 2000 Server?

Send an e-mail to [sales@imagevision.net](mailto:sales@imagevision.net) for more information.



data into information  
people into relationships  
ideas into reality

Introducing . . .



... a new point-of-service system designed to fit the needs of the healthcare industry. Health Pay 24 is a browser-based, cash management

solution designed to assist Health Care facilities in the collection of Co-Pay and Self-Pay charges at the time service is rendered. Click on the link below to learn more about this exciting new solution from ImageVision.net!

More Information . . .

## Electronic Document Management

ImageVision.Net has been working in the Electronic Document Management Systems (EDMS) industry since its inception in the middle 1980's. Our experience provides a high level of expertise allowing our clients to leverage the following benefits of an EDMS system:

- Recover expensive office space once utilized by filing cabinets
- Disaster recovery of documents using off-site backup copies
- Improved customer service by providing immediate access to documents
- Allows substantial business growth capability with minimal cost and staff increases
- Flexible access to corporate documents from central or remote offices using common browser technology



### Feature Project

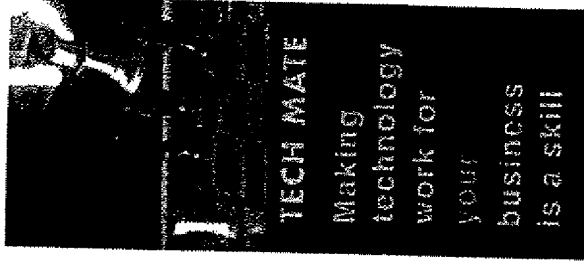


A revolutionary process involving Active Content Manager provides "a better way to access public records™" for counties across the United States

08/02/2002

<http://web.archive.org/web/20020802195421/http://imagevision.net/>

3/21/06



ImageVision.Net employs cutting-edge technology to enable our customers to improve business efficiency by utilizing proven tools such as Electronic Document Management Systems.

## E-Commerce Solutions

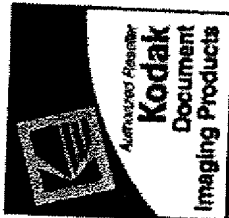
IVNet provides complete, end-to-end Internet E-Commerce consulting and solutions, including web-based transactions for the purchase of goods and services by credit card. We work with industry leaders such as SurePay, iBill, Authorize.net, and WebsiteBilling to provide our customers the capabilities they need to transact business online.

We are deploying solutions, like EBPP, for our clients that enable them to reduce bill mailing and remittance processing costs by over 80%.

## XML Technology

XML is a markup language that provides a format for describing structured data, facilitating more precise descriptions of content and more meaningful search results across multiple platforms. XML describes what the information is, as opposed to HTML, which merely describes what the information looks like.

IVNet incorporates XML extensively in online solutions to enable easy rendering of business information on the web. XML allows information storage and retrieval with robust search capabilities.



We are an Authorized Reseller for Kodak Document Imaging Products

### EBPP

Electronic Bill Presentation and Payment allows IVNet's customers to send bills or statements to consumers via the internet, and to collect these bills via electronic payment.

### ImageXML

ImageXML is ImageVision.Net's customizable imaging solution. It is a purely XML-based storage and retrieval system, providing superior integration across platforms.

IVNet has developed two leading products -- Active Content Manager (ACM) and ImageXML -- that incorporate XML as their base architectures.

## Press Releases

**June 25, 2002** -- ImageVision.Net announces the signing of a contract to provide Frankford Hospitals of Philadelphia, Pennsylvania with a Point of Service Cash Management System called HealthPay24. This system will allow Frankford to provide their patients with more payment options at all points of service and will also provide the hospital with better auditing tools for cash management.

**June 01, 2002** -- ImageVision.Net announces the signing of multiple service contracts with Arlington County, Virginia, to provide services to upgrade circuit court PC's to Windows XP from Windows 98 and provide enhancements to the circuit court Imaging System. ImageVision.Net is responsible to ensure that the Imaging System applications which are at the core of the circuit court's operations continue to function seamlessly.

**February 15, 2002** -- ImageVision.Net announces the signing of two service contracts with the Department of Environmental Protection and the Department of Conservation and Natural Resources. ImageVision.Net will provide consulting services to DEP for the analysis of forms in preparation for the DEP EDMS project. ImageVision.Net will provide DCNR with document conversion services and imaging system assistance for the Snowmobile/ATV licensing division.

Site Last Modified: June 28, 2002